

broad range of personal and social problems, without necessarily indicating psychopathology. The highest frequency of unexplained physical complaints occurs in young women of low socioeconomic status, but such symptoms are not limited to any age, gender, or sociocultural group. "Neurasthenia," a syndrome described frequently in many parts of the world and characterized by fatigue and weakness, is classified in DSM-IV as Undifferentiated Somatoform Disorder if symptoms have persisted for longer than 6 months.

Course

The course of individual unexplained physical complaints is unpredictable. The eventual diagnosis of a general medical condition or another mental disorder is frequent.

Differential Diagnosis

Also refer to the "Differential Diagnosis" section for Somatization Disorder (see p. 448). Undifferentiated Somatoform Disorder is differentiated from **Somatization Disorder** by the requirement in Somatization Disorder of a multiplicity of symptoms of several years' duration and an onset before age 30 years. Individuals with Somatization Disorder are typically inconsistent historians, so that at one evaluation they may report many symptoms that fulfill criteria for Somatization Disorder, whereas at another time they may report many fewer symptoms that fail to meet full criteria. If the physical complaints have persisted for less than 6 months, a diagnosis of **Somatoform Disorder Not Otherwise Specified** should be made. Undifferentiated Somatoform Disorder is not diagnosed if the symptoms are better accounted for by another mental disorder. Other mental disorders that frequently include unexplained physical complaints are **Major Depressive Disorder, Anxiety Disorders, and Adjustment Disorder**. In contrast to Undifferentiated Somatoform Disorder, the physical symptoms of **Factitious Disorders** and **Malingering** are intentionally produced or feigned. In Factitious Disorder, the motivation is to assume the sick role and to obtain medical evaluation and treatment, whereas in Malingering, more external incentives are apparent, such as financial compensation, avoidance of duty, evasion of criminal prosecution, or obtaining drugs.

■ Diagnostic criteria for 300.82 Undifferentiated Somatoform Disorder

- A. One or more physical complaints (e.g., fatigue, loss of appetite, gastrointestinal or urinary complaints).
- B. Either (1) or (2):
 - (1) after appropriate investigation, the symptoms cannot be fully explained by a known general medical condition or the direct effects of a substance (e.g., a drug of abuse, a medication)

(continued)

Diagnostic Features

The essential feature of Undifferentiated Somatoform Disorder is one or more physical complaints (Criterion A) that persist for 6 months or longer (Criterion D). The most frequent complaints are chronic fatigue, loss of appetite, or gastrointestinal or genitourinary symptoms. These symptoms cannot be fully explained by any known general medical condition or the direct effects of a substance (e.g., the effects of injury, substance use, or medication side effects), or the physical complaints or resultant impairment are grossly in excess of what would be expected from the history, physical examination, or laboratory findings (Criterion B). The symptoms must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (Criterion C). The diagnosis is not made when the symptoms are better accounted for by another mental disorder (e.g., another Somatoform Disorder, Sexual Dysfunction, Mood Disorder, Anxiety Disorder, Sleep Disorder, or Psychotic Disorder) (Criterion E). The symptoms are not intentionally produced or feigned (as in Factitious Disorder or Malingering) (Criterion F).

This is a residual category for those persistent somatoform presentations that do not meet the full criteria for Somatization Disorder or another Somatoform Disorder. Symptoms that may be seen include the examples listed for Somatization Disorder. There may be a single circumscribed symptom, such as nausea, or, more commonly, multiple physical symptoms. The chronic unexplained physical complaints often lead to medical consultation, typically with a primary care physician.

Specific Culture, Age, and Gender Features

Medically unexplained symptoms and worry about physical illness may constitute culturally shaped "idioms of distress" that are employed to express concerns about a

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- (2) when there is a related general medical condition, the physical complaints or resulting social or occupational impairment is in excess of what would be expected from the history, physical examination, or laboratory findings
- C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- D. The duration of the disturbance is at least 6 months.
- E. The disturbance is not better accounted for by another mental disorder (e.g., another Somatoform Disorder, Sexual Dysfunction, Mood Disorder, Anxiety Disorder, Sleep Disorder, or Psychotic Disorder).
- F. The symptom is not intentionally produced or feigned (as in Factitious Disorder or Malingering).